

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32870**  
Registrar's No. **4057**

FILED NOV 4 1948  
Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 days** (Specify whether years, months or days) **5 yrs**  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME **William C. Edwards**

3. (b) If veteran, **No** name war \_\_\_\_\_ 3. (c) Social Security No. **487-76-6707**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **MAY 23, 1897**  
(Month) (Day) (Year)

8. AGE: Years **51** Months **4** Days **12** If less than one day hr. min.

9. Birthplace **KANSAS CITY MO. D**  
(City, town, or county) (State or foreign country)

10. Usual occupation **PLASTERER**

11. Industry or business **SELF**

12. Name **COLLEY N EDWARDS**

13. Birthplace **K.C. MO**  
(City, town, or county) (State or foreign country)

14. Maiden name **COLLEY MERS**

15. Birthplace **K.C. MO**  
(City, town, or county) (State or foreign country)

16. (a) Informant **JOHN S. EDWARDS**

(b) Address **3111 WHEELING**

17. (a) **BURIAL** (b) Date thereof **OCT 7, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. MORIAN**

18. (a) Signature of funeral director **Blackman**

(b) Address **Kansas City, Missouri**

19. (a) **10-6-48** (b) **Sheradine Holmes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3111 Wheeling**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Ves or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **4**  
year **1948** hour **5** minute **P.** M.

21. I hereby certify that I attended the deceased from **Oct. 1**, 19**48**, to **Oct. 4**, 19**48**;  
that I last saw him alive on **Oct. 4**, 19**48**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute heart failure left sided**  
**(m.m.o.)**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **200 a**  
Of operations \_\_\_\_\_

Of autopsy **None**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury **Wm. W. Hart**  
23. Signature **Wm. W. Hart** (M. D. or other) **Med. Dir.**  
Address **Med. Dir. Gen'l Hosp.** Date signed **10-5-48**

*A. Rutledge*

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*D. DeLox*....., Registered Apprentice No. *274*  
working under my personal supervision.

Signed *J. H. Blackman*.....

Licensed Embalmer No. *3639*.....

P. O. Address *KC Mo*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**